

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

750 38 1935

**1. PLACE OF DEATH**

County Putnam Registration District No. 719 File No. 2513  
Township Elm Primary Registration District No. 59.50 Registered No. 17  
City..... (No. ....) St. .... Ward.....

**2. FULL NAME**

Andrew J. Mahoney  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lucy Ann Benedict Mahoney  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 83 3 10  
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Lorenza Mahoney  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Martha Mahoney  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT D. O. Garrison  
(ADDRESS) State Mo 1370

18. BURIAL, CREMATION, OR REMOVAL Buried  
PLACE Lipp Cem. DATE Jan 12 1935

19. UNDERTAKER F. H. Foster & Son  
(ADDRESS) Unionville, Mo.

20. FILED Jan 11 1935 Dr. C. Thomas  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 6 1935 to Jan 11 1935  
I first saw him alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset 5 yrs ago  
Other contributory causes of importance: None

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) D. O. Garrison M. D.  
(Address) New Jersey Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

